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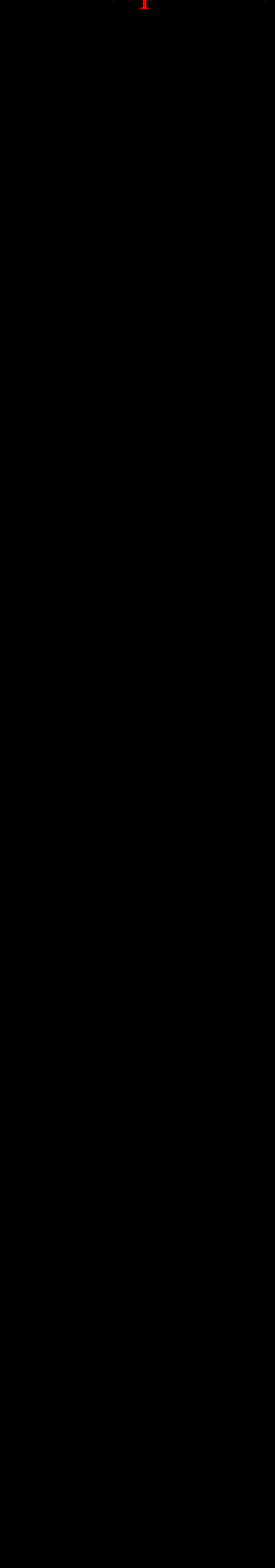
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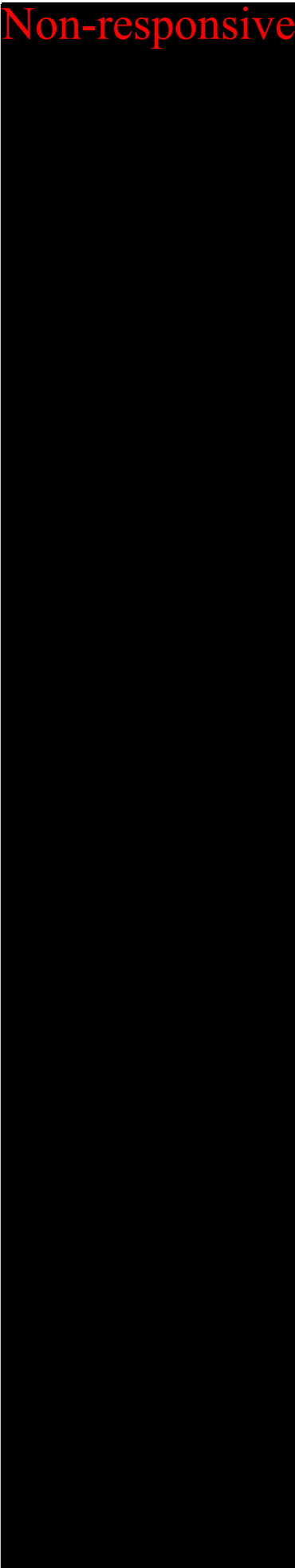
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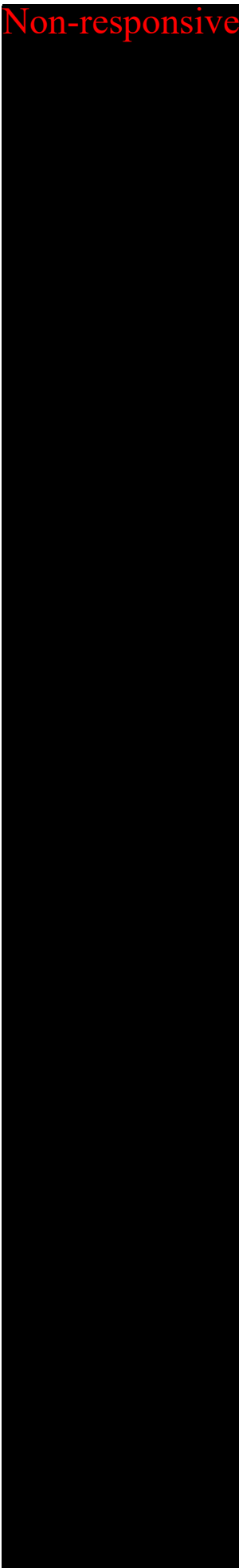
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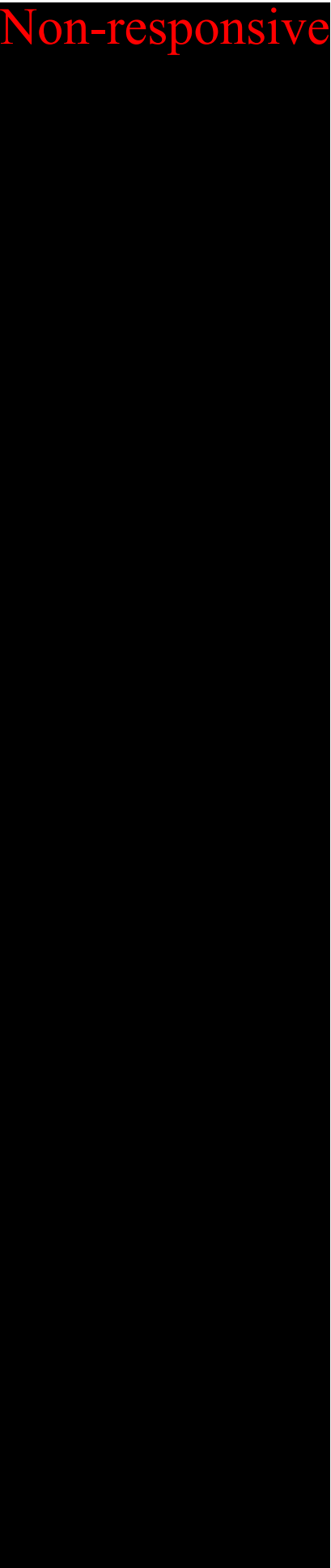


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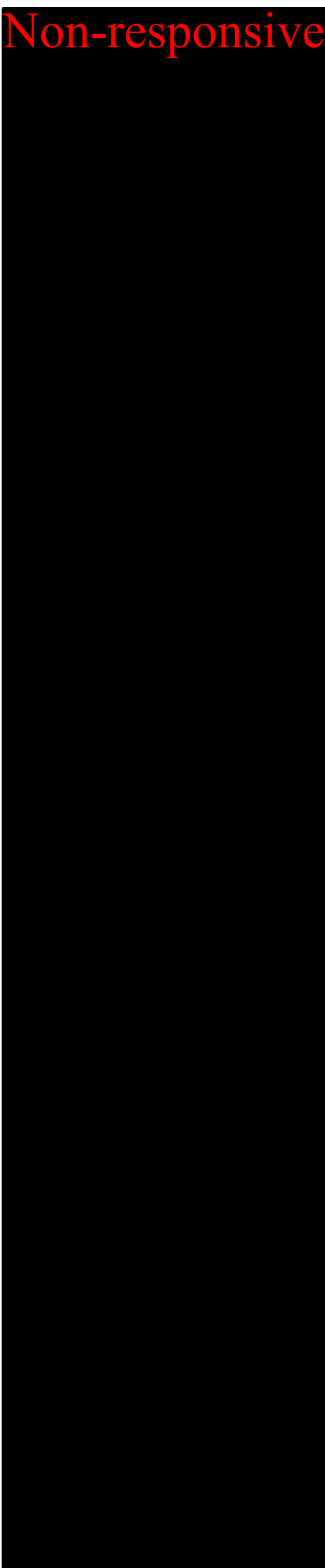
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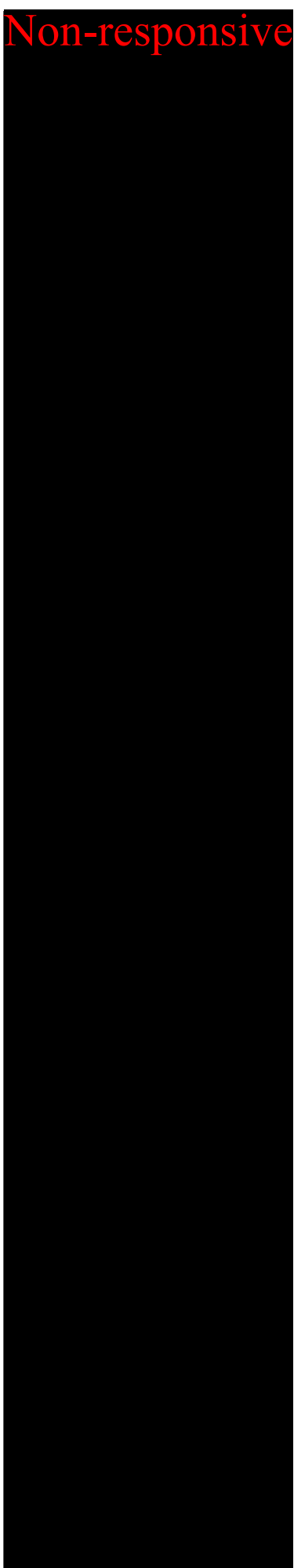
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Angela Guerrero, President  
17703 O' Cock Road  
Union, IL 60180

Gayle Voss, Village Clerk  
17703 O' Cock Road  
Union, IL 60180

Shirley Roesslein, Treasurer  
17703 O' Cock Road  
Union, IL 60180

Tom Schmitt, Village Attorney  
17703 O' Cock Road  
Union, IL 60180

Ervin Boeldt, Fire Chief  
17703 O' Cock Road  
Union, IL 60180

Debbie Moehling  
17703 O' Cock Road  
Union, IL 60180

Paul Psilos  
17703 O' Cock Road  
Union, IL 60180

Robert Swanson  
17703 O' Cock Road  
Union, IL 60180

Robert Swanson  
17703 O' Cock Road  
Union, IL 60180

Gary Urbauer  
17703 O' Cock Road  
Union, IL 60180

Robert Wagner  
17703 O' Cock Road  
Union, IL 60180

Anthony Pace, Water Commissioner  
17703 O' Cock Road  
Union, IL 60180

Congressman Donald Manzullo  
181 Virginia Ave.  
Crystal Lake, IL 60014

Honorable Dick Klemm  
3 W. Crystal Lake Ave.  
Crystal Lake, IL 60014

State Representative Ann Hughes  
500 W. Elm St., Suite 212  
McHenry, IL 60050

State Representative Cal Skinner  
7103 Manor St.  
Crystal Lake, IL 60014

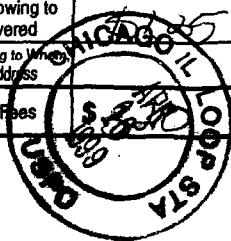
Dianne Klemm  
2200 N. Seminary Ave.  
Woodstock, IL 60098

P 140 783 920

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to	
Mr. Carlos J. Serna,	
Street & Number	Suite 400
3 Hawthorn Parkway	
Post Office, State, & ZIP Code	
Vernon Hills, IL 60061-1450	
Postage	\$ .55
Certified Fee	\$1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date, & Addressee's Address	
TOTAL Postage & Fees	
Postmark or Date	

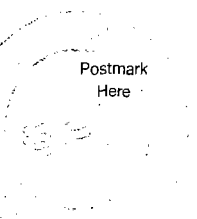


M. Valentino

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3400 0000 9588 7210

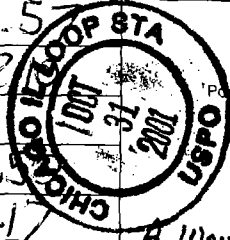
Article Sent To:	
Henry Lopes-Techalloy Com. Inc.	
Postage	\$ .57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17
Name (Please Print Clearly) (to be completed by mailer)	
U.S. EPA Region 5 - DE-9J ECAB	
Street, Apt. No., or PO Box No.	
77 W Jackson Blvd	
City, State, ZIP+4	
Chicago, IL 60604	
PS Form 3800, July 1999	
See Reverse for Instructions	



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0005 9027 9250

Postage	\$ .57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.50
Total Postage & Fees	\$ 4.17
Sent to	
Henry Lopez-Techalloy Company	
Street, Apt. No., or PO Box No.	
370 Franklin Turnpike	
City, State, ZIP+4	
Mahwah, New Jersey 07430-1074	
PS Form 3800, January 2001	
See Reverse for Instructions	



A Wojtas DE 93

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. Henry Lopes  
Vice President, Technical  
Operations  
Techalloy Company, Inc.  
370 Franklin Turnpike  
Mahwah, New Jersey 07430-

2. Article Number (Copy from service label)

7099 3400 0000 9588 7210 / Wojtas- ECAB-DE-9J Sect. 1

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *MAHWAH* *11/5/01*

X *Cindy* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. Henry Lopes  
V. President Tech Operations  
Techalloy Company, INC.  
370 FRANKLIN TURNPIKE  
MAHWAH, New Jersey 07430-  
1074

2. Article

7001 6

PS Form

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Lopes* *11/5/01*

X *Henry* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

5-99-M-1789



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Carlos J. Serna  
Senior Project Manager  
Ray F. Weston, Inc.,  
Suite 400  
3 Hawthorn Parkway  
Vernon Hills, IL 60061-1450

4a. Article Number

P-140-783-920

4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☒ COD

7. Date of Delivery

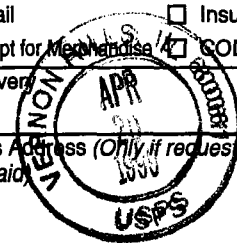
8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

THOMAS T. OTER

6. Signature: (Addressee or Agent)

X *Thomas Oter*



PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Scott C. Carr  
Techalloy Union Wire Plant  
6509 Olson Rd  
Union, IL 60180-0423

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Maria Maria Rivera 1-7-02

C. Signature

X *Maria Rivera* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

700 0320 0005 9027 8949 / Pam Molitor DE-9J- ECABSE

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789